

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING  
1594 West North Temple Suite 1210  
Box 145801

Salt Lake City, Utah 84114-5801  
Telephone: (801) 538-5291 Fax: (801) 359-3940

RECEIVED

FEB 16 2011

DIV. OF OIL, GAS & MINING

**NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS**

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program. (R647-3-et seq.)

*These pages will replace the corresponding pages in the original NOI.*

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**1. GENERAL INFORMATION**

1. Name of Mine: CMC Point West DECO 1
2. Legal name of entity (or individual) for whom the permit is being requested:  
Mailing Address: 224 North 2200 West, Suite 100  
City, State, Zip: Salt Lake City, UT, 84116  
Phone: 801-258-3900 Fax: 801-428-0112  
E-mail Address: mdalley@stakerparson.com

**Type of Business:**

Corporation ☒, LLC ☐, Partnership – general ☐ or limited ☐,  
Sole Proprietorship (dba) ☐, or Individual ☐

**Entity must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC).**

Are you currently registered to do business in the State of Utah? Yes ☒ No ☐

Entity # 4910822-0142

If no, contact DOC at [www.commerce.utah.gov](http://www.commerce.utah.gov) to renew or apply.

Local Business License #: \_\_\_\_\_ (if required)

Issued by: City: \_\_\_\_\_ or County: \_\_\_\_\_

**If Business is a Sole Proprietor:**

Name of owner: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**If Business is a Partnership:**

Name of Partner: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_